



Decreased Sexual Desire Screener (DSDS)¹

Results are to be discussed with your health care provider.

Each question is answered Yes or No.

- 1 In the past, was your level of sexual desire or interest good and satisfying to you? Yes No

- 2 Has there been a decrease in your level of sexual desire or interest? Yes No

- 3 Are you bothered by your decreased level of sexual desire or interest? Yes No

- 4 Would you like your level of sexual desire or interest to increase? Yes No

- 5 Please mark all the factors that you feel may be contributing to your current decrease in sexual desire or interest:
 - a. An operation, depression, injuries, or other medical condition Yes No

 - b. Medications, drugs, or alcohol you are currently taking Yes No

 - c. Pregnancy, recent childbirth, or menopausal symptoms Yes No

 - d. Other sexual issues you may be having (pain, decreased arousal, or orgasm) Yes No

 - e. Your partner's sexual problems Yes No

 - f. Dissatisfaction with your relationship or partner Yes No

 - g. Stress or fatigue Yes No

Reference: 1. Clayton A, Goldfischer E, Goldstein I, et al. Validity of the decreased sexual desire screener for diagnosing hypoactive sexual desire disorder. *J Sex & Marital Ther.* 2009;39:132-143.PR-1006.00

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